



## Research report

## Eat this, not that! Parental demographic correlates of food-related parenting practices

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## ABSTRACT

To understand how parents of adolescents attempt to regulate their children's eating behaviors, the prevalence of specific food-related parenting practices (restriction, pressure-to-eat) by sociodemographic characteristics (parent gender, race/ethnicity, education level, employment status, and household income) were examined within a population-based sample of parents ( $n = 3709$ ) of adolescents. Linear regression models were fit to estimate the association between parent sociodemographic characteristics and parental report of food restriction and pressure-to-eat. Overall, findings suggest that use of controlling food-related parenting practices, such as pressuring children to eat and restricting children's intake, is common among parents of adolescents, particularly among parents in racial/ethnic minority subgroups, parents with less than a high school education, and parents with a low household income. Results indicate that that social or cultural traditions, as well as parental access to economic resources, may contribute to a parent's decision to utilize specific food-related parenting practices. Given that previous research has found that restriction and pressure-to-eat food-related parenting practices can negatively impact children's current and future dietary intake, differences in use of these practices by sociodemographic characteristics may contribute, in part, to the disparities that exist in the prevalence of overweight and obesity among adolescents by their race/ethnicity and socioeconomic status.

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## Introduction

Food-related parenting practices, or the techniques that parents use to influence children's eating, have been identified as a potentially significant correlate of child weight and dietary intake patterns (Faith, Scanlon, Birch, Francis, & Sherry, 2004). Food-related parenting practices (often referred to as parental feeding practices within research conducted on infants and toddlers) consist of a wide range of behaviors including encouraging children to eat, or not eat, specific foods; requiring children to clean their plate at mealtimes; rewarding behaviors with favorite foods; and restricting the intake of particular foods (both healthy and unhealthy) (Birch, 1999a, 1999b). Use of food-related parenting practices such as pressuring children to eat and restricting children's intake is believed to have a harmful impact on children's current and future dietary intake in that this encouragement overrides children's innate, internal hunger and satiety cues. Instead, these food-related parenting practices encourage children to eat in response to external cues including factors in the social environment (e.g. eating at specific times) and the size of food portions offered to them (e.g.

cleaning one's plate) (Birch, 1998, 1999a, 1999b; Faith et al., 2004; Galloway, Fiorito, Francis, & Birch, 2006; Savage, Fisher, & Birch, 2007). Alternatively, an "appropriate division of responsibility" is often proposed as a more appropriate approach to food-related parenting (Birch & Fisher, 1998; Dietz & Stern, 1999; Satter, 1990; Story et al., 2002). In this approach the parent controls which foods are made available and offered to the child, who in turn decides whether and how much to eat.

Although the use of appropriate food-related parenting practices is increasingly supported as a method to promote healthful dietary intake and weight among young people (Krebs & Jacobson, 2003; Savage et al., 2007), evidence of the association between food-related parenting practices and child eating and weight status remains equivocal with a number of studies reporting no association (Campbell et al., 2010; Haycraft & Blissett, 2008; Powers, Chamberlin, van Schaick, Sherman, & Whitaker, 2006). Further, the bulk of research examining these practices has been conducted with parents of toddlers and young children limiting the scope of our understanding to parents of the very young (Faith et al., 2004). On one hand, young children are an appropriate target population for initial exploration of food-related parenting practices given that children at this age are primed for learning new behaviors and are primarily influenced by their parents. However,

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parents do influence adolescent dietary intake patterns and dietary behaviors established during adolescence often become lifelong in nature (Ritchie, Welk, Styne, Gerstein, & Crawford, 2005). Given the high prevalence of weight-related problems in adolescents (Ogden, Carroll, Curtin, Lamb, & Flegal, 2010) and the difficulty parents can encounter in providing a balance of structure and autonomy for their adolescent children, additional research is needed to explore what specific types of food-related parenting practices are being utilized by parents of adolescents.

Additionally, few studies of food-related parenting practices have been conducted with diverse samples of children and adolescents (Faith et al., 2004). Preliminary research suggests that both the extent to which parents adopt a controlling approach to child feeding and the role that level of control within feeding strategies plays in child dietary patterns and weight status may differ across families, specifically with regard to race/ethnicity, parental education, or socioeconomic differences (Cousins, Power, & Olvera-Ezzell, 1993; Iannotti, O'Brien, & Spillman, 1994; Kasemsup & Reicks, 2006; Powers et al., 2006; Spruijt-Metz, Li, Cohen, Birch, & Goran, 2006). A small study which included both white and African American children with an average age of 11, found that African American mothers reported higher levels of restriction, pressure-to-eat, and monitoring of their child's food intake compared to white mothers (Sherry et al., 2004). Interestingly though, controlling feeding practices were not found to be associated with higher BMI for African-American children whereas they were for white children. Higher education level and SES have also been positively associated with the use of restrictive food-related parenting practices and negatively associated with the use of pressure-to-eat practices within samples of young children (Crouch, O'Dea, & Battisti, 2007; Fisher & Birch, 1999a, 1999b; Kröller & Warschburger, 2008; Ogden, Reynolds, & Smith, 2006). These findings suggest that social (e.g. race, sex) and economic (e.g. education, income) influences may be associated with the types of food-related parenting practices utilized by parents as well as the impact of these feeding practices on child dietary patterns and weight status. However, research exploring these associations is limited and has yielded inconsistent findings suggesting that this is an area of research that requires continued exploration (Faith et al., 2004).

Moreover, few studies of food-related parenting practices have included separate assessments of these behaviors by mothers and fathers limiting the ability to explore potential associations between parent gender and use of specific food-related parenting practices. Thus far, results have been inconclusive (Blissett, Meyer, & Haycraft, 2006; Brann & Skinner, 2005; Johannsen, Johannsen, & Specker, 2006). For example, Brann and colleagues concluded that fathers used higher levels of restriction and pressure-to-eat techniques than mothers (Brann & Skinner, 2005). On the other hand, two other studies, one by Johannsen and colleagues and the other by Blissett and colleagues, found no notable differences in strategies utilized by parent gender (Blissett et al., 2006; Johannsen et al., 2006). Clarification of the association between gender and food-related parenting practices with their children is needed in order to gain a clearer picture of the home food environment and how parental gender may play a role in adolescent eating patterns.

The current study aims to address the question: How do food-related parenting practices, specifically restriction and pressure-to-eat among parents of adolescents, differ across sociodemographic characteristics, including parent gender, race/ethnicity, education level, employment status, and household income? This study will fill an important gap in the literature by being the first study, to our knowledge, to examine specific food-related parenting practices utilized by parents of adolescents and differences across sociodemographic characteristics.

## Methods

### *Study population and design*

Data for the current study were drawn from Project F-EAT (Families and Eating and Activity Among Teens), a population-based study of parents of adolescents. Project F-EAT surveys were completed by a sample of 3709 parents or guardians of the adolescents enrolled in EAT 2010 (Eating and Activity in Teens). The EAT 2010 study population included 2793 adolescents from 20 public middle and high schools in the Minneapolis/St. Paul metropolitan area of Minnesota. Adolescent participants completed surveys during the 2009–2010 school year and as a part of this survey process, each participant was asked to provide contact information for up to two parents or guardians whom they perceived to be their main caregivers. Approximately 30% of the adolescents provided contact information for one parent/guardian and 70% provided information for two parents/guardians. The response rate among parents was high; 85% of the adolescents had at least one parent respond and 68% of the adolescents who provided information on two parents had both parents respond. The vast majority (95.1%) of respondents (henceforth referred to as parents) were parents or stepparents of the adolescent, with the remaining participants (4.9%) reporting they were "other female or male guardians".

Parent respondents had a mean age of 42.3 years ( $SD = 8.6$ ) and approximately 62% were mothers or other female guardians. The Project F-EAT parent sample is ethnically and socioeconomically diverse. Specifically, the sample was 29.7% white, 26.1% African American, 21.4% Asian American (primarily Hmong), 17.4% Hispanic, and 5.4% mixed or other race/ethnicity. The sample was well distributed across categories of household income: 32% of households earning less than \$20,000 annually, 22% earning between \$20,000 and \$34,999, 17% earning between \$35,000 and \$49,000, 14% earning between \$50,000 and \$74,000, and 15% earning \$75,000 or more. Additional details on the parent sample can be found in Table 1.

### *Data collection*

Parents were initially mailed an invitation letter describing the Project F-EAT study and a phone number to call if they preferred to complete the survey over the telephone. A follow-up mailing included the Project F-EAT survey, a consent form, and a postage-paid return envelope. To enhance participant response, parents were mailed a reminder postcard after 2 weeks and a second copy of the survey if they did not respond within 1 month. Additionally, up to eight attempts were made by trained interview staff to contact non-responders so they might complete the survey by phone. To meet the needs of the diverse sample, both mailed surveys and phone interviews were available in English, Spanish, Hmong, and Somali, and the phone interview was additionally offered in Oromo, Amharic, and Karen. The majority of parent surveys were completed by mail (78%) and in English (84%). Data collection ran from October 2009 to October 2010 and was conducted by the Wilder Research Foundation in St. Paul, Minnesota ([www.wilderresearch.org](http://www.wilderresearch.org)). The University of Minnesota Institutional Review Board approved all study procedures.

### *Survey development*

The Project F-EAT survey was designed to gather information on adolescents' family and home environments with relevance to dietary intake, physical activity, and weight-related health. Survey items were drawn from several sources, including a previous Project EAT parent survey (Boutelle, Fulkerson, Neumark-Sztainer, &

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